

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM325983

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Laurus Master Fund, Ltd.		01/12/2012	CORPORATION: CAYMAN ISLANDS
RECEIVING PARTY DATA			
Name:	Cosmed, Inc.		
Street Address:	8 West 40th Street, 19th Floor		
Internal Address:	c/o Leeb Capital Management, Inc.		
City:	New York		
State/Country:	NEW YORK		
Postal Code:	10018		
Entity Type:	CORPORATION: NEVADA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3231281	HONEST FACE	
CORRESPONDENCE DATA			
Fax Number:	7606833249		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	858-964-8217		
Email:	maria@denovopc.com		
Correspondent Name:	Maria Johnson		
Address Line 1:	2244 Faraday Avenue		
Address Line 2:	Suite 103		
Address Line 4:	Carlsbad, CALIFORNIA 92008		
NAME OF SUBMITTER:	Maria Johnson		
SIGNATURE:	/maria johnson/		
DATE SIGNED:	12/12/2014		
Total Attachments: 4			
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OP \$40.00 3231281

TRADEMARK



111 Madison Ave 10th Floor, New York NY 10017
 Tel: 212-541-8800 Fax: 212-541-3248

02/22/2011

Don Britt
 Vice President - Underwriting
 Crestmark Bank
 5480 Corporate Drive Suite 350
 Troy, MI 48098
 Voice/Fax (248) 257-1644

Dear Don,

The current payoff amount for the revolver loan we provided Costru LLC is \$1,568,582.07 with a per diem interest of \$7,193.32. You can wire the payoff amount to our account:

Capital One Bank
 845 Third Avenue
 New York, NY 10022
 Swift Code: NFBKUS33
 Routing #: 021407912
 Account Name: L/V Administrative Services
 Account #:

We authorize Crestmark Bank to terminate our UCC filings upon receipt of the payoff amount above. We will release all Costru's UCC registrations and commit to forward to Cosmed Inc. any future payments received in the lock box after the purchase of Costru's assets is complete.

We will forward payments to the following address:

Cosmed, Inc.
 Drawer #1316
 PO Box 5885

Troy MI 48007-3935

We will forward any payments received via wire transfer or EFT to:

Comed, Inc.

c/o Crestmark Bank

ABA: 072413764

Account#

Remittance instructions will not be changed without prior authorization from Crestmark Bank.

Best Regards,



Eugene Grin
Director
LV Administrative Services
875 Third Ave., 3rd Floor
T (212) 541-5800
F (212) 541-4410

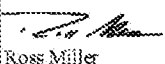
UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Patty Saliga 248-267-1801

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Patty Saliga
 Crestmark Bank
 5480 CORPORATE DRIVE, SUITE 350
 Troy, MI 48068

Filed in the office of  Document Number
 2011003535-1
 Filing Date and Time
 02/11/2011 11:27 AM

Ross Miller
 Secretary of State
 State of Nevada

(This document was filed electronically)
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
 COSMED, INC.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2a. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 9 WEST 57TH STREET, 26TH FLOOR NEW YORK NY 10019 USA

1d. **REINSTRUCTIONS** 1c. ADD. INFO RE ORGANIZATION/DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
 CORPORATION NEVADA E0078178011-8 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3a. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. **REINSTRUCTIONS** 2c. ADD. INFO RE ORGANIZATION/DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
 NONE

3. SECURED PARTY'S NAME - NAME OF TOTAL ASSIGNOR (ASSIGNOR OF ALL) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
 CRESTMARK BANK

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 5480 CORPORATE DRIVE, SUITE 350 TROY MI 48068 USA

4. This FINANCING STATEMENT covers the following collateral:
 ALL ASSETS OF THE DEBTOR NOW OWNED OR HEREAFTER ACQUIRED AND WHEREVER LOCATED.

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR COLLATERAL PURCHASER SPECIAL USER BELLENDUYER AS LIEN NON-INDUPLYING

6. This FINANCING STATEMENT is to be filed (for record or nonrecord) in the REAL ESTATE RECORDING system. 7. Check to REQUEST SEARCH REPORT (S) on Debtors. 8. Debtor's Order 1 Order 2

8. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/03/02)


UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Party Selga 248-267-1501

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Party Selga
 Crestmark Bank
 5480 CORPORATE DRIVE, SUITE 300
 Troy, MI 48068

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 2012001093-3 Filing Date and Time 01/12/2012 10:03 AM
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(This document was filed electronically.)
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. INITIAL FINANCING STATEMENT FILE #
2011003635-1

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDING

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (Full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 6.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7:

CHANGE name and/or address: Please refer to the detailed instructions in regard to change in the name/address of a party. DELETE name: Give name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b and also item 7c.

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. REINSTRUCTIONS ADD INFO RE ORGANIZATION DELETE TYPE OF ORGANIZATION JURISDICTION OF ORGANIZATION ORGANIZATIONAL ID# if any NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box
 Describe collateral: increased in added, or give entire restated collateral description, or: describe collateral assigned

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral to assets the outstanding Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
CRESTMARK BANK

OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
COSMED, INC.

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

RECORDED: 12/12/2014

TRADEMARK
 REEL: 005418 FRAME: 0528